



Testimony Before the Human Services Committee

March 12, 2013

H.B. No. 6606 (RAISED) AN ACT CONCERNING THE DEPARTMENT OF CHILDREN & FAMILIES

Senator Slossberg, Representative Abercrombie and members of the Human Services Committee, I am Ron Cretaro, Executive Director of the Connecticut Association of Nonprofits. The Association's membership is comprised of more than 500 organizations across Connecticut. Of those, more than 100 hold contracts with the Department of Children and Families. Our children's members provide services and supports across the entire continuum of services from prevention, in-home, outpatient, foster care, group home, residential treatment, step-down psychiatric and more.

There has been dramatic systems change underway at the Department for the past three years. Change is never easy and has had serious impact on the nonprofit provider community both positive and negative.

Most of the Department's programs and services are flat funded in the Governor's Proposed Budget for SFY 14 & 15 other than the \$34 million cut to the Board & Care Residential account. The Department has moved children and adolescents into less restrictive environments and saved significant dollars having done so. It has returned a great number of children from out of state placement to Connecticut.

To be precise, the reason congregate programs have closed and several organizations have folded is because these programs have gone under-utilized. This means DCF which controls referrals, discharges, data, licensing and funding has stopped sending children & adolescents to these in-state provider programs. There has been in our estimation close to 500 layoffs in the private sector nonprofit sector in the past three years. This does not mean DCF is not committed to residential treatment in its own operated facilities just less so in those operated by the nonprofit organizations some of which have served DCF's children for more than 100 years, having begun as orphanages. To be fair, savings from less reliance on congregate care has helped fund new community based initiatives which have resulted in new hiring of additional employees in the nonprofit sector.

It is our feeling, however, that DCF has precipitously and prematurely thwarted referrals to some congregate settings in order to save money and position itself to exit the Juan F. Consent Decree. It is our belief that new & necessary investment in community programs should be funded in their own right. Given the State's budget crisis, it remains to be seen whether DCF will have the resources to finance important new services which permit families to support children at home, with relatives or in the community.

When closing an institution or dramatically undertaking systems change/downsizing/rightsizing, it requires an upfront investment of additional funding to create alternatives. Otherwise, we end up like we did with closing two mental hospitals for adults without sufficient investment in community services.

While DCF has been able to redirect dollars from Board & Care Residential, it has, in our estimation, prematurely closed some of the residential treatment programs and other services prior to the development of the alternative community programs necessary. The budget deficit problem has been responsible for extracting more savings which, having been redirected, would have allowed for greater development of community services. As DCF has decreased its caseload, limited lengths of stay in out-of-home care, and eliminated funding & utilization of certain services, **it has resulted in cost shifting to other state agencies & venues – homeless shelters, emergency rooms, alternatives to detention in CSSD, private organizations with federal or other sources of funding.**

If the Department is to develop a sufficient array of community services, it needs the funding upfront to do so, not rely on prematurely cutting or eliminating existing services in order to redirect to alternatives. The solution is to build new services before closing the old services. DCF has too often chosen the opposite direction. This would obviate the need to capture funding inappropriately from successful programs as the Domestic Violence Consultants in order to fund new community programs and provide work for its own staff.

Several noteworthy developments and trends:

1. According to DCF, there has been an exponential increase in the past year in Emergency Room admissions (400) for children under age 12. DCF is undertaking a rapid assessment of this situation to determine causation. The Department believes some of it may be related to Newtown. Nevertheless, DCF has chosen to stop the placement and funding of out-of-home care for almost all children under age 12.
2. A program in southern Connecticut for younger children for which DCF eliminated funding claims nearly all of its caseload has DCF involvement/workers. The provider has also experienced increased ER/ED placements. It feels this is due to DCF's placing children in settings which are not designed to address the needs of these children.
3. An informal poll of some of our DSS funded Homeless Shelters has indicated an increase in some areas of the state of adolescents and young adults 16-23 years of age. A number of these are adolescents who have been discharged from the DCF caseload. Another significant cohort are young adults whose parents are no longer able to cope with their symptoms of mental illness at home. Fortunately, the Governor's budget does increase funding for young adult services in the Department of Mental Health & Addiction Services.
4. Homeless shelters also acknowledge in some areas of the state an increase in admissions of single mothers with children.
5. An alternative to detention program funded by the Judicial Department Court Support Services Division reported that it is populated by adolescents under DCF care.
6. Nearly one third of all admissions to the 16 funded STAR (short term assessment programs – formerly youth shelters for adolescents) are kids from failed foster placements.
7. One of DCF's Results Based Accountability scorecard looks at results of residential treatment. Residential treatment according to DCF's own tracking has shown a reduction in number of hospitalizations. Residential treatment in the nonprofit sector has been dramatically eliminated & reduced by the Department.

8. DCF has announced its intention to cancel Domestic Violence Consultant contracts with private providers with one year early in order to operate these programs with DCF staff. Thirteen private provider organization staff will lose their jobs. There is no risk of employment loss to state staff. DCF could reassign their own staff for other purposes.
9. DCF is also planning on opening a new program at Riverview Hospital/Solnit South which already exists in the nonprofit community. Riverview/Solnit is the most expensive State service exceeding \$700,000 per child per year.
10. The dramatic system change at DCF has occurred with few or no dollars being directed to performance or outcome tracking and family/consumer satisfaction from or by a creditable external source. (Although the Department is being advised and consulted with by the Annie E. Casey Foundation.) The shared goal is better outcomes for children, adolescents and families.

I appreciate the opportunity to comment.